

CFS-488
Arkansas Department of Human Services
Instructions

Purpose: The CFS-488 form will be completed by the DCFS Eligibility Unit to document the eligibility determination for the Title IV-E Program. A form will be completed for each IV-E determination and will be filed in the foster child's eligibility case record.

CHILD'S INFORMATION

Client ID: Enter the child's client identification number from the CHRIS system.

Name: Enter the child's name (last name, first name, middle name)

Removal Date: Enter the date the child was removed from the home based on information the county worker has entered on the Completed Medicaid/IV-E Application (CMA) form.

Removal County: Enter the name and three digit code of the county from which the child was removed based on the information the county worker has entered on the CMA form.

SSN: Enter the Social Security Number of the child. If a pseudo SSN has been assigned by the county worker and the actual SSN is known, use the actual SSN. If the actual SSN is not known, use the same pseudo SSN assigned in CHRIS for Medicaid.

How Verified: Enter the method the Eligibility Analyst used to verify the actual SSN. If a pseudo SSN is used indicate how it has been verified that an actual SSN has been applied for.

DOB: Enter the child's date of birth. Enter Month, Day, Century, and Year

How Verified: Enter the method the Eligibility Analyst used to verify the child's date of birth. For example, birth certificate, family bible, etc.

Age at Removal: Enter the age of the child in years at the time of removal. If a child is under the age of 1, enter zero.

Is Child a Citizen: Select Yes or No to indicate the citizenship status of the child. If the child is not a citizen but is a lawfully admitted alien, select Yes but complete the next section of the form appropriately. A copy of the lawfully admitted alien's document is to be in the eligibility case file.

How Verified: Document the method the Eligibility Analyst used to verify the citizenship status of the child. If the child is not a citizen but is a lawfully admitted alien, document the method used to verify, the child's alien number, and include a copy of the SAVE system verification for the alien number.

REMOVAL HOME INFORMATION

Who had legal custody/guardianship of the child? Enter the name of the individual(s) that had legal custody or legal guardianship of the child at the time of removal.

How verified: Document how the legal custodian/guardian of the child was verified.

Was the legal custodian a relative of the child? Select Yes or No to indicate if the legal custodial or legal guardian is a relative of the child.

If Yes, what was the relation? If the previous field is Yes, enter the relationship of the legal custodian or legal guardian to the child. For example, mother, aunt, etc.

How Verified: Enter the method used to verify the relationship between the child and the legal custodian or legal guardian.

Was child physically living with the legal custodial at the time of removal? Select Yes or No to indicate if the child was physically living with the legal custodian or legal guardian at the time of removal.

How Verified: Document the method used to verify that the child was or was not living with the legal custodian or legal guardian at the time of removal.

If no, when did the child last live with legal custodian? If the child did not live with the legal custodian or legal guardian at the time of removal, enter the date that the child last lived with the legal custodian or legal guardian. Enter Month and Year.

Was this within 6 months of date the child entered care? Select Yes or No to indicate if the child lived with the legal custodian or legal guardian within six months from the date the child entered foster care.

Total number to be included in household: Enter the total number of individuals to be included in the Title IV-E assistance unit household.

In the following section list all the individuals to be included in the removal home. Up to six individual may be listed on the CFS-488. Use Additional Documentation Attachment to list additional individuals. For a full discussion of degrees of relationship refer to the Financial Assistance Manual policy FA 2251.

Name: List the child whose IV-E eligibility is being determined first. Then, list the names of the individuals to be included in the removal home/IV-E assistance unit.

Relation: List the relationship of the individuals listed to the child whose eligibility is being determined. If the relationship is not in the drop down listing, specify the relationship on form.

DEPRIVATION INFORMATION

Was the child deprived of one or both parents at the time of removal? Enter Yes or No to indicate if deprivation existed in the removal home. Deprivation includes the following. *For a full discussion of deprivation refer to the Financial Assistance Manual policy FA 2240.*

- Continued absence from the home of one or both parents
- Physical or mental incapacity of at least one parent
- Unemployed Parent (Primary Wage Earner)

If yes, identify the deprivation reason below. If the child is deprived, enter the reason that deprivation exists for the applicable parent (Father/Mother).

How verified: Document how the deprivation was verified.

COURT ORDER INFORMATION

Does initial court order have the Contrary to the Welfare language? Select Yes or No to indicate if the initial court order for the removal has the necessary “Contrary to the Welfare” or “In the child’s best interest” language. This **MUST** be the initial order that brought the child into foster care.

Name & Date of Order: Enter the name and the date of the court order that has the Contrary to the Welfare or In the Child’s Best Interest language. Use the check box if the order is an Emergency Custody Order. Otherwise, list the name of the order that was used to bring the child into foster care.

Is order signed? Select Yes or No to indicate if the court order is signed. A signed order is required as an eligibility factor for Title IV-E.

Has order been received with the Reasonable Efforts to prevent removal? Select Yes or No to indicate if an order has been received to show that the Agency made Reasonable Efforts to prevent removal of the child.

Name & Date of Order: Enter the name and the date of the court order that has the Reasonable Efforts language. Use the check box if the order is an Emergency Custody Order. Otherwise, list the name of the order that was used to bring the child into foster care.

Order in 60 days of removal? Select Yes or No to indicate if the Reasonable Efforts to prevent removal language order is dated within 60 days of the child’s removal. If not, a IV-E eligible child will not be claimable during the removal episode.

Is order signed? Select Yes or No to indicate if the court order is signed. A signed order is required as a claimability factor for Title IV-E. If the order is not within 60 days from the date the child entered foster care, the child will not be claimable for the entire removal episode.

HOUSEHOLD INCOME INFORMATION

Did child enter foster care the same month the removal petition was filed? Select Yes or No to indicate if petition month and physical removal month were the same. If Yes, use the removal month as the AFDC eligibility month.

If no, what was the date the removal petition was filed? Enter the date the removal petition was filed. If child was not removed in the same month the petition was filed, use the month in which the petition was filed as the AFDC eligibility month.

What is the AFDC eligibility month and year? Enter the month and year used to determine the household's AFDC related eligibility.

Was income found for the household in the eligibility month? Select Yes or No indicate if income was found.

If no, how verified? Document how it was verified that no income existed for the household during the eligibility month.

In this section list all income for each individual to be included in the removal home. If additional space is needed, use Additional Documentation Attachment. For a full discussion of income refer to the Financial Assistance Manual policy FA 2350-2379.

Person Receiving Income: Enter the name of the person receiving income during the eligibility month.

Type: Enter the type of income received by the person during the removal month.

Amount: Enter the amount of the income received by the person during the removal month.

How Verified: Document how the income was verified.

HOUSEHOLD RESOURCE INFORMATION

Were resources found for the household in the eligibility month? Select Yes or No to indicate if resources were found.

If no, how verified: Document how it was verified that no resources existed for the household during the eligibility month.

In this section list all resources for each individual to be included in the removal home. If additional space is needed, use Additional Documentation Attachment. For a full discussion of resources refer to the Financial Assistance Manual policy FA 2300-2344.

Who owns: Enter the name of the person owning the resource during the eligibility month.

Type: Enter the type of resource owned by the person during the removal month.

Value: Enter the value of the resource owned by the person during the removal month.

How Verified: Document how the resource was verified.

COMMENTS

Use this space to include any additional comments about the eligibility determination. Include additional comments, if needed, on a separate narrative sheet but refer to the separate narrative sheet in this comments section so that a reviewer is aware that additional documentation is available.

FINAL DETERMINATION SUMMARY

For each of the eligibility factors listed, select Yes or No to indicate if the factor is met. And answer of No for any item results in ineligibility for the child.

Age, Residency, Citizenship, SSN, Deprivation, Removed from Specified Relative, Income Limit, Resource Limit, CTW in Initial Order.

Is child IV-E eligible? Select Yes or No to indicate if the child meets the eligibility factors for the Title IV-E Program.

Date of Eligibility: Enter the date that IV-E eligibility began.

Eligibility Analyst Name: Enter the name of the Eligibility Analyst completing the determination.

Analyst Signature: Sign the CFS-488 form. Please sign legibly.

Date Completed: Enter the date the eligibility decision is reached.

File the CFS-488 in the child's DCFS Eligibility case record. Record the results of the eligibility decision in the CHRIS system.